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Mr.  
Inaugural Dissertation  
on

Angina Pectoris.

For the degree

of

Doctor of Medicine,

In the

University of Pennsylvania.

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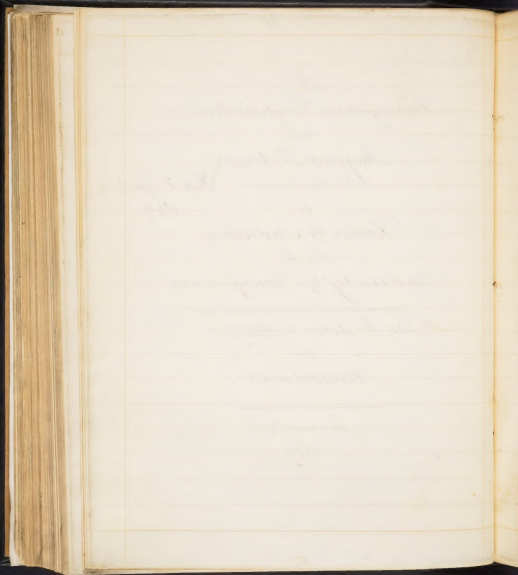
By William L. Steiger  
of  
Pennsylvania.

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January 20th.

1829.

Sufficiently given on every abstract subject.



### *Angina Pectoris.*

To the disease which I am about to describe, Dr. Heberden in 1768 gave the name of *Angina Pectoris*; and so far as I can ascertain, was the first writer who gave any regular account of it. Since his publication, however, it has occupied a considerable share of the attention of medical writers, and has been described by them under a variety of names: thus by Dr. Barrow, it has been called *asthma dolorificum*; by Dr. Parry, *syncope anginosa*; by M. Laennec, *neuralgia of the heart*; and by Dr. Gooch it is called *stenalgia*.

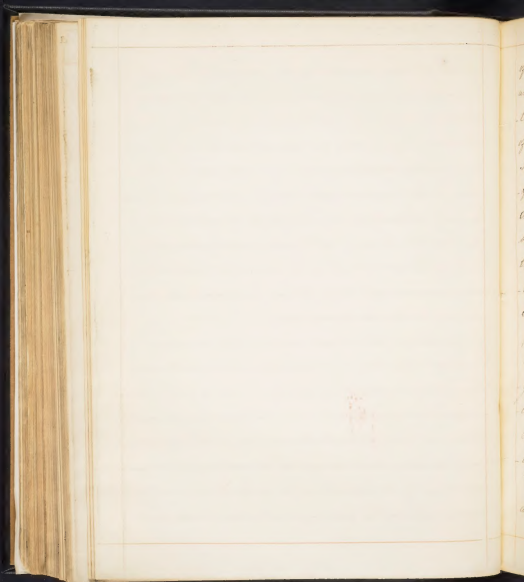
Writing on this disease tells us that it is generally connected with a full habit of body and an accumulation of fat about the heart. It is also said to attack men more frequently than women, especially those of a corpulent or arthritic habit, and who lead sedentary and inactive lives. It is sometimes met with in persons under the age of twenty, though rarely before that of forty years.



*Causes.* Cold, mental emotions, dyspepsia, and the suppression of accustomed discharges, seem to predispose to this disease.

The primary attacks are generally excited by ascending a flight of stairs, or an eminence, or by walking at a quick pace, or running, or by a full meal. Subsequently, however, they are brought on by slighter causes; as a slight emotion of the mind, walking, coughing, sneezing, or straining at stool, and sometimes, indeed, they occur without any obvious cause, when the patient is sitting or lying still.

*Symptoms.* The patient is seized with pain and uneasiness about the chest which is so acute as to make him immediately stand still, and even to give apprehensions of immediate death. The pain is referred to the lower end of the sternum, a little to the left side of it; shooting thence across the breast to the left arm, and seeming to terminate at the insertion of the deltoid muscle, though in some cases it extends to the end



of the fingers. In some cases the right arm is affected, and in some rare instances, both arms are affected simultaneously. These pains are accompanied with difficulty of breathing and a sense of suffocation.

In the first, or slighter attacks of the disease, the paroxysms last but a few minutes, and generally go off by the patient standing still, or turning from the wind; but when the disease has existed for a length of time, the paroxysms increase in violence, frequency and duration; continuing sometimes for half an hour, and are even said to have lasted several days; the patient being pale, and bathed in a cold sweat.

The pulse during the paroxysm is sometimes but little changed, but in most cases it sinks and becomes weak, irregular, or intermitting.

The stomach in some cases becomes very irritable, rejecting nearly every thing that is taken into it.

After having suffered, more or less frequently, for an indefinite length of time, the patient dies suddenly.





from some slight exertion.

*Diagnosis.* This disease may be confounded with asthma, hydrothorax, and organic affectings of the heart; but it may generally be distinguished from other diseases, by a close attention to its symptoms and mode of attack.

An attack of asthma very generally comes on at night, when the patient is quiet, in bed; and is attended with a peculiar wheezing aspiration, and there is an absence of the cold sweat which occurs in angina pectoris.

It is often very difficult to distinguish it from hydrothorax, but the latter disease may generally be known by its coming on slowly, by there being cough at first dry, but afterwards attended with expectoration, by its being generally attended with oedema of the lower extremities, and by the fluctuation which is often perceptible within the cavity of the thorax.

The phenomena of organic affectings of the heart so closely







definitely, distinct, and separate. Numerous accounts of first motion appearances have been published; some of great interest. Most of the following extracts, are from books on this interesting theme.

[illegible]



does not deny, that there is a great deal of  
the same. He says, "the patient was the  
same as when I was last here."

The case is the same. He is now again, from  
the use of the food, able to walk, and has  
with the usual symptoms of his disease, and  
has been "increased for several weeks, the "feeling  
and "suffering" is "greater" than before, and  
would there be four times the natural size; there  
was some "depression" of the "heart" and "stomach"  
in the "morning" of the "disease,"  
which is "very" common in the "morning" of the  
"disease," but remarkably "less" and "less"  
in the "evening"; but in the "morning" of the "disease,"  
the "heart" is "less" than before.

The case is the same. He has now "increased",  
and the "feeling" is "greater" than before.  
The "feeling" is "greater" than before, and the  
"heart" is "less" than before.

















and in some cases, great anxiety, angina  
pectoris has been noticed, and in some cases  
in the extremities.

I am disposed, in a great measure to admit the  
possibility of a disease in the chest, in which a person  
that has not more or less than this, the heart  
has been found to be at rest, the disease has been  
seated in the pulmonary artery, and it is  
when the heart was in a stiller, more un-  
der, it has rather given a disordered state of the  
respiratory, that is, in a very painful, and  
be in a state of the art of sympathy;  
and that the disordered state of the chest  
severely, since, from gastric irritation, as  
that of angina.

<sup>2</sup>  
Treatment. This is generally of two kinds;  
namely, that which is proper during the  
intermission, and that which is proper in the  
intermission.





During the paroxysm, the patient should be  
laid in an inclined position, and kept in a  
cool, quiet and tranquil state; and should  
the pulse be active, we should employ resolu-  
tion. Should the attack, however, be very vi-  
dent, we should not be deterred by a weak, pulse  
and cold skin, from taking warm blood-let-  
ting, but must be so, though with resolu-  
tion, and continue the operation until relief is  
returned, or profuse. Let us stop. It will often  
be found necessary, to take twenty or thirty an-  
cers, or a little sometimes, more to relieve the  
head the patient.

If any circumstances should permit venesection,  
blood should be taken from the head to ease  
the brain; or if there cannot be removed, the  
head should be directed to this part.

In all cases, purgatives should be applied to  
the bowels, and the head opened.







so into the party and the left, and  
-staying, not the other party, and  
to back, in such a manner that the mag-  
-netic current shall become the selected one."

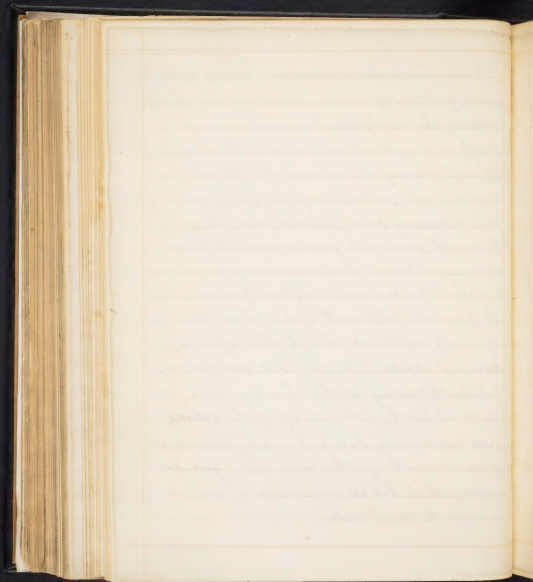
The remedy to be resorted to in the instant,  
for the purpose of eradicating the disease, we  
have agreed on a general.

In the study of the disease, we have found  
that it is not a disease, but a condition  
of the system, and it is not a disease  
of the system, but a condition of the system.  
It is a condition of the system, and it is not  
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Dr. Rush considered permanent blisters to the  
costs, quite as efficacious as sutons to the thighs.  
Among the constitutional remedies, peruvian  
bark and valerian have held a high rank,  
though some of the mineral preparations, as  
arsenic, the sulphates of zinc, and copper,  
the nitrate of silver, and the sub-nitrate of  
bismuth, seem in a great measure to have  
superceded them. Some cases are also recorded +  
in which prussic acid has been found useful.  
It is probable that each of these have been ben-  
-eficially employed though their efficacy  
does not appear to be very well established.  
Notwithstanding all that has been said at  
different times, of the utility of the articles  
just enumerated, I suspect we may accomplish  
quite as much by other and more agreeable  
means, which I shall endeavour in a brief  
manner to point out.





If symptoms of dyspepsia exist, which is frequently the case, the remedy for that disease should be employed. In every case the diet should be light and easy of digestion, the bowels should be kept in a soluble state, gentle exercise should be resorted to, plethora should be avoided by venesection and gentle purging, when symptoms of it occur. Stimulating drinks and exciting causes of every kind, are to be sedulously avoided.

